

DIVISION OF WORKERS COMPENSATION

KS DEPT OF HUMAN RESOURCES

800 SW JACKSON ST STE 600

TOPEKA KS 66612-1227

Phone .. (785) 296-3441 Fax .. (785) 291-3430

E-Mail workerscomp@hr.state.ks.us

DO NOT WRITE IN THIS SPACE

Employee's Name:

First Middle Last

Date of Birth: _____ () Male () Female

Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

APPLICATION FOR HEARING

Employer: _____

Street: _____

City: _____ State: _____ Zip: _____

Insurance Carrier: _____

(Required)

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of accident/disease (give beginning and ending dates if a series): _____

State specifically the exact cause and source of accident/disease: _____

Briefly state extent of injuries or disease claimed: _____

In what county did the accident or disease occur? _____ At or near which city? _____

If accident/disease did not happen within Kansas, in which Kansas county could hearing be most conveniently held? _____

Mediation Requested? YES NO (circle one)

Applicant's Signature: _____ Date Signed: _____

DO NOT WRITE IN THIS SPACE

Attorney's Signature: _____

Attorney's Printed Name: _____

Address: _____

Telephone Number: (_____) _____

E-mail Address: _____

Kansas Supreme Court Number: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.